

00354000935

## AMERICAN PROPERTIES CORPORATION

800 Third Avenue - 40th Floor  
New York, New York 10022  
(212) 446-8300 Fax (212) 750-8264

RECEIVED JUL 17 1992

July 14, 1992

0310675253--Cook  
Des Plaines/American Properties Corp.  
2070 Maple Street  
910259  
LUST/Tech Report File

Illinois Environmental Protection  
Division of Pollution Control  
Leaking Underground Storage Tank Section  
Region 2 - Maywood  
The Intercontinental Center  
1701 First Avenue  
Suite 600  
Maywood, Illinois 60153

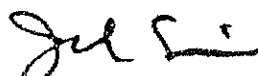
Re: IESDA No. 910259 - American Properties - 2070 Maple Street,  
Des Plaines

Dear Sirs:

Attached are two (2) executed originals of the IEPA Leaking Underground Tank Storage Program 45 Day Report for the above referenced property along with copies of waste disposal manifests for the petroleum waste removed from the property. There is a professional engineer's certification attached. The professional engineer is Edward C. Beck. If you need to contact him, his phone number is (708) 670-1823.

Please call me if you need any additional information on this. I will call periodically to make sure the case is logged in and to check on progress.

Sincerely yours,



Jamil Simon  
President

encl.

By Priority Mail

cc: Ed Beck CT Engineering Corporation  
P.O. Box 126  
Mt. Prospect, Illinois 60056-0126  
(w/copy of waste manifests)

Fred Cornell (copy of report & manifests)

00354000939

**Illinois Environmental Protection Agency  
FOR SITES NOT SEEKING REIMBURSEMENT  
Professional Engineer Certification Form**

The release from the Underground Storage Tank(s) System associated with Incident number 910259 at the facility described in the 45 day Report, dated June 1, 1992, has been remediated in accordance with 35 Ill. Adm. Code, Part 731, Subpart F, and other applicable rules and regulations. The remediation has achieved the clean-up objectives set forth by the Agency in 1990. I certify under penalty of law that the 45 day Report, supporting documents and all attachments were prepared under my direction or supervision. To the best of my knowledge and belief, the 45 day Report, supporting documents and all attachments are true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**REGISTERED PROFESSIONAL ENGINEER**Name: Edward C BeckTitle: ConsultantSignature: [Signature]Date: June 1, 1992Illinois Registration Number: 62-34396

(P.E. Seal)

**OWNER**

name: \_\_\_\_\_

title: \_\_\_\_\_

signature: \_\_\_\_\_

date: \_\_\_\_\_

**OPERATOR (if different from owner)**

name: \_\_\_\_\_

title: \_\_\_\_\_

signature: \_\_\_\_\_

date: \_\_\_\_\_

NOTE: Original Agency Form must be used.

This Agency is authorized to require this information under Illinois Revised Statutes, 1989, Chapter 111 1/2, Section 1004 and 1021. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$50,000 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

IESDA INCIDENT

00354000940

910259

Capacity (gal): \_\_\_\_\_  
Year of Installation: \_\_\_\_\_ Condition of UST system upon removal: \_\_\_\_\_  
Product Stored in UST system: \_\_\_\_\_  
Amount released: \_\_\_\_\_  
Cause of release: \_\_\_\_\_

Capacity (gal): \_\_\_\_\_  
Year of Installation: \_\_\_\_\_ Condition of UST system upon removal: \_\_\_\_\_  
Product Stored in UST system: \_\_\_\_\_  
Amount released: \_\_\_\_\_  
Cause of release: \_\_\_\_\_

Capacity (gal): \_\_\_\_\_  
Year of Installation: \_\_\_\_\_ Condition of UST system upon removal: \_\_\_\_\_  
Product Stored in UST system: \_\_\_\_\_  
Amount released: \_\_\_\_\_  
Cause of release: \_\_\_\_\_

Capacity (gal): \_\_\_\_\_  
Year of Installation: \_\_\_\_\_ Condition of UST system upon removal: \_\_\_\_\_  
Product Stored in UST system: \_\_\_\_\_  
Amount released: \_\_\_\_\_  
Cause of release: \_\_\_\_\_

Capacity (gal): \_\_\_\_\_  
Year of Installation: \_\_\_\_\_ Condition of UST system upon removal: \_\_\_\_\_  
Product Stored in UST system: \_\_\_\_\_  
Amount released: \_\_\_\_\_  
Cause of release: \_\_\_\_\_

Capacity (gal): \_\_\_\_\_  
Year of Installation: \_\_\_\_\_ Condition of UST system upon removal: \_\_\_\_\_  
Product Stored in UST system: \_\_\_\_\_  
Amount released: \_\_\_\_\_  
Cause of release: \_\_\_\_\_

Capacity (gal): \_\_\_\_\_  
Year of Installation: \_\_\_\_\_ Condition of UST system upon removal: \_\_\_\_\_  
Product Stored in UST system: \_\_\_\_\_  
Amount released: \_\_\_\_\_  
Cause of release: \_\_\_\_\_

Capacity (gal): \_\_\_\_\_  
Year of Installation: \_\_\_\_\_ Condition of UST system upon removal: \_\_\_\_\_  
Product Stored in UST system: \_\_\_\_\_  
Amount released: \_\_\_\_\_  
Cause of release: \_\_\_\_\_

(ADD ADDITIONAL PAGES AS NECESSARY)



00354000941

IESDA INCIDENT 910259

2. Describe the procedures used for cleaning the tank: sprinkel oil dry, shovel
3. For any of the following that were removed or generated during the UST system removal, describe the procedures for management and storage, treatment or disposal of this material.
- Product: drummed
- Tank bottoms: drummed
- Tank sludges: drummed
- Product in tanks: drummed
- Tank rinse waters: drummed
- Tank waste-water mixtures: drummed
- Tank system: drummed
- Other (please describe): none
- Date that all tank cleaning operations were completed: 1-30-91

4. Provide copies of manifests used to transport the above material from the site.

Attached

#### H. RELEASE INFORMATION

Provide the information below:

- The steps taken to test for the extent of the release considering the type of the stored substance, type of backfill, depth to groundwater and other factors appropriate for identifying the presence and source of the release.  
Laboratory analyses
- The actions taken to prevent further release of the regulated substance.  
Excavate
- If the release was associated with the lines or dispenser, briefly describe the problem.  
Not associated
- Provide a discussion of the potential of utility conduits to provide a pathway for the movement of contamination off-site.  
No potential. Wires overhead

#### I. FREE PRODUCT ACTION

Was free product encountered during the investigation (check one) : YES ☐ NO ☒

If YES, the following questions must be answered:

- The name of the person responsible for implementing the free product removal measures.

## 2. Provide a site map with locations of the:

- UST System(s)
- product and dispenser lines
- pumps and islands
- sewer, gas, water and electrical utility lines
- nearby buildings, roads, etc.

attached plat

## 3. Provide a site map and cross-section indicating areas of:

- UST System(s), vertically and horizontally
- soil excavation
- soil borings
- soil and groundwater sampling locations
- monitoring well locations

attached

## 4. Provide a map and cross-section showing the extent of soil and groundwater contamination.

attached

## L. SOIL BORINGS TO DETERMINE THE EXTENT OF CONTAMINATION

no borings

If a soil boring sampling program has been undertaken to determine the extent of contamination, provide the following:

1. Drilling method(s) that were used, and why these methods were chosen.
2. The basis for determining the location and minimum number of borings to be placed on site.
3. A discussion of the approach that will be taken to determine the location and number of additional borings required.
4. Activities taken to prevent cross-contamination between boreholes.
5. A discussion of how the sampling interval for each boring was determined and collected.
6. A discussion of how off-site soil contamination impacts will be investigated.
7. Copies of borings logs.

## M. SOIL SAMPLING FOR VERIFICATION OF COMPLETION OF REMEDIAL ACTIVITIES

The following must be provided:

1. A completed Laboratory Certification Form (attached) must be provided with all soil sample data.  
attached
2. A sampling protocol for soil sample collection.  
per 1st manual
3. Basis for determining the location and minimum number of soil samples taken.  
per 1st manual
4. Discussion of the approach that will be taken to determine the location and number of additional samples required.  
none
5. Activities taken to prevent cross-contamination between samples.  
new jars for each sample
6. The analytical results from soil sampling in tabular format showing detection limits and with raw data also included as an attachment.  
attached

Illinois Environmental Protection Agency  
LABORATORY CERTIFICATION  
for the 45 Day Report

1. a. I was responsible for sample collection. I certify that samples were collected using approved USEPA procedures. EB  
(Initial)
- b. I was not responsible for sample collection. JE  
(Initial)
2. I certify that chain of custody procedures were followed prior to receipt by the laboratory, as documented on the chain of custody forms. EB  
(Initial)
3. I certify that quality assurance/quality control procedures were established and carried out. K  
(Initial)
4. I certify that proper preservation techniques were followed. EB  
(Initial)
5. I certify that sample holding times were not exceeded. JA  
(Initial)
6. I certify that SW-846 Analytical Laboratory Procedure (USEPA) methods were used for the analysis. JE  
(Initial)
7. I certify that the lowest practicable quantitation limit found in SW-846 for soils and groundwater were met for each parameter. JA  
(Initial)

I hereby affirm that all information contained in this form is true and accurate to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

## LABORATORY

Name: Jon Raymond  
Title: Tech Service  
Address: 8100 N Austin Ave  
Morton Grove, IL 60053  
Signature: Jon Raymond  
Date: June 1, 1992

## SAMPLE COLLECTOR

Name: E.C. Beck  
Company: C. T. Engineering Corp  
Title: Consultant  
Address: P.O. Box 126  
Mt Prospect, IL 60056  
Signature: Edward C. Beck  
Date: June 1, 1992

This Agency is authorized to require this information under Illinois Revised Statutes, 1989, Chapter 111 1/2, Section 1004 and 1021. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$50,000 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.



# ENVIRONMENTAL MONITORING AND TECHNOLOGIES, INC.

00354000945

8100 North Austin Avenue  
Morton Grove, Illinois 60053-9203  
708/957-6605  
FAX: 708/957-6786

## LABORATORY REPORT

37787

American Properties  
885 2nd Avenue - 49th Floor  
New York, NY 10017

Report Date: 5/1/92  
Sample Received: 5/6/92

Sample Description: West Wall (1:00 p.m.)  
Sample No.: 19983

Compound Purgeables	Concentration		Method Detection Limit (MDL)
	Found In	Sample Blank	
1. Benzene	0.003	<0.001	<0.001
2. Ethylbenzene	0.023	<0.001	<0.001
3. Toluene	0.015	<0.001	<0.001
4. Xylene	0.007	<0.001	<0.001
TOTAL BETX	0.058		

All results expressed as ppm unless otherwise indicated.

Analyses performed using EPA methods 5030 & 8240, in accordance with SW-846, Third Edition.

LABORATORY DIRECTOR



**ENVIRONMENTAL  
MONITORING AND  
TECHNOLOGIES, INC.**

00354000946

6100 North Austin Avenue  
Morton Grove, Illinois 60053-3203  
708/967-6666  
FAX: 708/967-6725**LABORATORY REPORT**

37788

American Properties  
885 2nd Avenue - 49th Floor  
New York, NY 10017Report Date: 5/7/92  
Sample Received: 5/6/92Sample Description: Southwall West (1:00 p.m.)  
Sample No.: 19984

	Compound Purgeables	Concentration		Method Detection Limit (MDL)
		Found In Sample	Blank	
1.	Benzene	<0.001	<0.001	<0.001
2.	Ethylbenzene	0.001	<0.001	<0.001
3.	Toluene	0.003	<0.001	<0.001
4.	Xylene	0.004	<0.001	<0.001
	TOTAL BETX	0.008		

*All results expressed as ppb unless otherwise indicated.**Analyses performed using EPA methods 5030 & 8240, in accordance with SW-846, Third Edition.***LABORATORY DIRECTOR**





# ENVIRONMENTAL MONITORING AND TECHNOLOGIES, INC.

00354000947

8100 North Austin Avenue  
Morton Grove, Illinois 60053-8203  
TEL: 708/567-6666  
FAX: 708/567-8788

## LABORATORY REPORT

37789

American Properties  
885 2nd Avenue - 49th Floor  
New York, NY 10017

Report Date: 3/7/92  
Sample Received: 5/6/92

Sample Description: Bottom West (1:00 p.m.)  
Sample No.: 19985

Compound Purgeables	Concentration		Method Detection Limit (MDL)
	Found In Sample	Blank	
1. Benzene	0.002	<0.001	<0.001
2. Ethylbenzene	0.001	<0.001	<0.001
3. Toluene	0.006	<0.001	<0.001
4. Xylene	0.010	<0.001	<0.001
TOTAL BETX	0.019		

All results expressed as ppm unless otherwise indicated.

Analyses performed using EPA methods 5030 & 8240, in accordance with SW-846, Third Edition.

LABORATORY DIRECTOR

**ENVIRONMENTAL  
MONITORING AND  
TECHNOLOGIES, INC.**

00354000948

5100 North Austin Avenue  
Morton Grove, Illinois 60053-3203  
708/967-6666  
FAX: 708/967-6735**LABORATORY REPORT**

37790

American Properties  
885 2nd Avenue - 49th Floor  
New York, NY 10017Report Date: 5/7/92  
Sample Received: 5/6/92Sample Description: Excavated (1:00 p.m.)  
Sample No.: 19986

Compound	Concentration		Method
	<u>Purgeables</u>	<u>Found In</u> <u>Sample Blank</u>	<u>Detection Limit</u> (MDL)
1. Benzene	0.006	<0.001	<0.001
2. Ethylbenzene	0.052	<0.001	<0.001
3. Toluene	0.227	<0.001	<0.001
4. Xylene	0.576	<0.001	<0.001
TOTAL BETX	0.861		

All results expressed as ppm unless otherwise indicated.

Analyses performed using EPA methods 5030 &amp; 8240. In accordance with SW-846, Third Edition.

LABORATORY DIRECTOR



# ENVIRONMENTAL MONITORING AND TECHNOLOGIES, INC.

00354000949

8100 North Austin Avenue  
Morton Grove, Illinois 60053-3209  
708/957-6666  
FAX: 708/957-6735

## LABORATORY REPORT

37791

American Properties  
885 2nd Avenue - 49th Floor  
New York, NY 10017

Report Date: 5/1/92  
Sample Received: 5/6/92

Sample Description: Northwall East (2:30 pm)  
Sample NO.: 19987

Compound <u>Purgeables</u>	Concentration		Method Detection Limit (MDL)
	Found In Sample	Blank	
1. Benzene	<0.001	<0.001	<0.001
2. Ethylbenzene	<0.001	<0.001	<0.001
3. Toluene	<0.001	<0.001	<0.001
4. Xylene	<0.001	<0.001	<0.001
TOTAL BTEX	<0.001		

All results expressed as ppm unless otherwise indicated.

Analyses performed using EPA methods 5030 & 8240, in accordance with SW-846, Third Edition.

LABORATORY DIRECTOR





**ENVIRONMENTAL  
MONITORING AND  
TECHNOLOGIES, INC.**

0100400  
00354000950

3100 North Austin Avenue  
Morton Grove, Illinois 60053-8203  
708/957-6666  
FAX: 708/957-6735

**LABORATORY REPORT**

37792

American Properties  
885 2nd Avenue - 49th Floor  
New York, NY 10017

Report Date: 5/7/92  
Sample Received: 5/6/92

Sample Description: Southwall East (2:30 pm)  
Sample No.: 19988

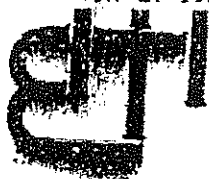
	<u>Compound</u> <u>Purgeables</u>	<u>Concentration</u> <u>Found In</u>		<u>Method</u> <u>Detection Limit</u> (MOL)
		<u>Sample</u>	<u>Blank</u>	
1.	Benzene	<0.001	<0.001	<0.001
2.	Ethylbenzene	<0.001	<0.001	<0.001
3.	Toluene	<0.001	<0.001	<0.001
4.	Xylene	0.002	<0.001	<0.001
	TOTAL BETX	0.002		

All results expressed as ppm unless otherwise indicated.

Analyses performed using EPA methods 5030 & 8240, in accordance with SW-846, Third Edition.

**LABORATORY DIRECTOR**

TOTAL P.07



# ENVIRONMENTAL MONITORING AND TECHNOLOGIES, INC.

00354000951

8100 North Austin Avenue  
Morton Grove, Illinois 60053-3203  
708/987-8666  
FAX: 708/567-6755

## LABORATORY REPORT

37793

American Properties  
885 2nd Avenue - 49th Floor  
New York, NY 10017

Sample Description: East Wall (2:30 pm)  
Sample No.: 19989

Report Date: 5/7/92  
Sample Received: 5/6/92

Compound Targets	Concentration Found In		Method Detection Limit (MDL)
	Sample	Blank	
1. Benzene	<0.001	<0.001	<0.001
2. Ethylbenzene	<0.001	<0.001	<0.001
3. Toluene	<0.001	<0.001	<0.001
4. Xylene	<0.001	<0.001	<0.001
TOTAL BTEX	<0.001		

All results expressed as ppm unless otherwise indicated.

Analyses performed using EPA methods 5030 & 8240, in accordance with SW-846, Third Edition.

LABORATORY DIRECTOR





ENVIRONMENTAL  
MONITORING AND  
TECHNOLOGIES, INC.

00354000952

2100 North Austin Avenue  
Morton Grove, Illinois 60053-3203  
708/967-6666  
FAX: 708/967-6735

LABORATORY REPORT

37794

American Properties  
835 2nd Avenue - 49th Floor  
New York, NY 10017

Sample Description: Bottom East (2:30 pm)  
Sample No.: 19990

Report Date: 5/7/92  
Sample Received: 5/6/92

Compound Purgeables	Concentration Found In		Method Detection Limit (MDL)
	Sample	Blank	
1. Benzene	0.002	<0.001	<0.001
2. Ethylbenzene	<0.001	<0.001	<0.001
3. Toluene	<0.001	<0.001	<0.001
4. Xylene	<0.001	<0.001	<0.001
TOTAL BETX	0.002		

All results expressed as ppm unless otherwise indicated.

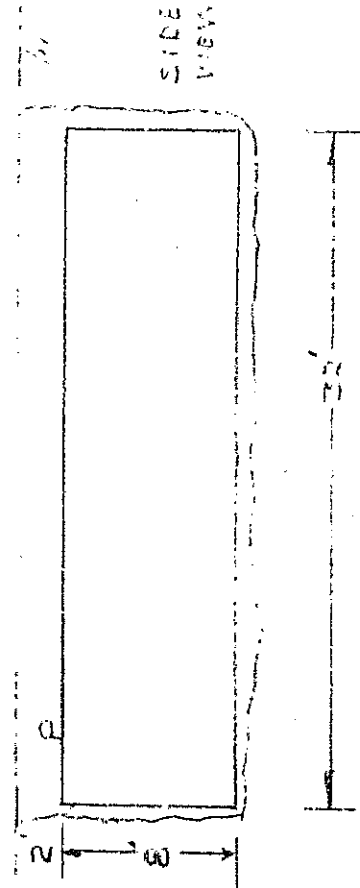
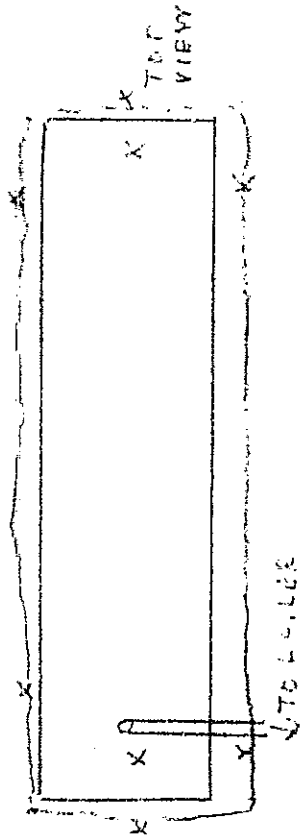
Analytes performed using EPA methods 3030 & 8140, in accordance with SW-846, Third Edition.

LABORATORY DIRECTOR



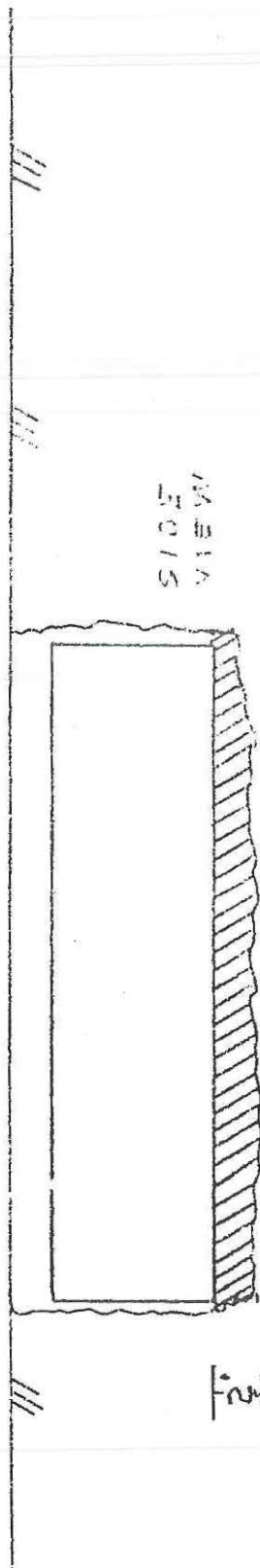
00354,953

X = SAMPLE POINTS



C. T. Engineering Corp.	
SCALE: 1/8" = 1'	DRAWN BY: JCB
DATE: 6-1-92	53
AM. PROPERTIES	
EXCAVATION	DRAWING NUMBER AP-3

00354-954



C. T. Engineering Corp.

00354

SCALE: 1/8" = 1'

DRAWN BY: [signature]

DATE: 6-1-92

00954

AM PROPERTIES

CONTAMINATED

SOIL

AP-4

5011

## LABORATORY ANALYSES TABULATION

	N wall West	N wall east	Bottom east	Bottom west
Benzene	0.002	< 0.001	0.002	0.002
Ethylbenzene	0.001	< 0.001	< 0.001	0.001
Toluene	0.001	< 0.001	< 0.001	0.006
Xylene	0.001	< 0.001	< 0.001	0.010
total BETX	0.005	< 0.001	0.002	0.019

	S wall west	S wall east	East wall	West wall
Benzene	< 0.001	< 0.001	< 0.001	0.003
Ethylbenzene	0.001	< 0.001	< 0.001	0.023
Toluene	0.003	< 0.001	< 0.001	0.015
Xylene	0.004	0.002	< 0.001	0.007
Total BETX	0.008	0.002	< 0.001	0.058

	Detection limits	Excavate
Benzene	< 0.001	0.006
Ethylbenzene	< 0.001	0.052
Toluene	< 0.001	0.227
Xylene	< 0.001	0.576
Total BETX		0.861





OFFICE OF THE ILLINOIS STATE FIRE MARSHAL  
Division of Petroleum and Chemical Safety  
1035 Stevenson Drive  
Springfield, Illinois 62703-4259

00354000956

FOR OFFICE USE ONLY  
Facility # 2-020066  
Permit # 8141 REM  
Request Rec'd 11-01-90  
Approval Date 11-02-90  
Permit Expires 05-02-91

PERMIT FOR REMOVAL OF

UNDERGROUND STORAGE TANKS FOR PETROLEUM AND HAZARDOUS SUBSTANCES

Permission to remove underground storage tank or tanks is hereby granted. Such removal shall not commence until 12-01-90. A seventy-two (72) hour - 3 working day notice is required to confirm final date of the removal for confirmation of our Inspector to be on site. This Office Phone Number is 217-785-5878 or 217-785-1020. THIS PERMIT IS VALID FOR 6 MONTHS FROM THE APPROVAL DATE.

You must notify ESDA 1-800-782-7660 within 24 hours of leaks or contaminated soil.

Removal must be in accordance with acceptable closure requirements and procedures, such as API Bulletin 1604. A site assessment must be conducted to determine if a release has occurred.

- 1) Owner - Corporation, Partnership or Other Business Entity:

Brush Fuses, Inc.

Name

2070 Maple St.

Street Address

Des Plaines

Il.

60018-3088

City

Keith Nawrocki

State

708/299-2211

Zip

Contact Person

Phone

- 2) Name and Location of Facility Where Removal is to Occur:

Same

Name

Street Address

City

Cook  
County

Zip

- 3)

a) (1) 12,000 Gal.

b) Number and size of tanks being removed

No longer in use

Reason for removal of tanks

- 4) Person, Firm or Company performing Work:

R.W. Collins, Co.

Name

7225 W. 66th St.

Street Address

Chicago

Il.

60638

City

312/767-3030

State

362-21-7900

Zip

Phone

Registration No.

- 5) You must notify this Office when completion of tank removal has taken place; please complete (front & back) a EPA Notification Form 7530-1, so that appropriate records can be corrected. Please note a EPA form 7530-1 has been forwarded to the name & address shown in Item 1.

Sincerely,

*W. Dale Tanks*

W. Dale Tanks, Storage Tank Safety Engineer

cc: jls  
SPCS Specialist Pinkowski  
Fire Department  
Division File

0900-0900

REMOVED

STATE

11-02-90





# RWC COLLINS Co.

7326 W. 68th St., CHICAGO, ILLINOIS 60638 312-767-3030 708-458-6882

00354000958

Excavating and Grading

## CERTIFICATE OF UST DESTRUCTION/DISPOSAL

1. UST OWNER/GENERATOR: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. UST SITE LOCATION: Name: BRUSH FUELS  
Address: 2070 MAPLE  
DEER PLAINES, IL.  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. DATE OF UST REMOVAL: 1-30-91  
DATE OF UST CLEANING: 1-30-91  
DATE OF UST DISPOSAL: 1-30-91
4. USTs REMOVED:

	1	2	3	4	5
a) PREVIOUS CONTENTS:	<u>Fuel Oil</u>				
b) CAPACITY (gallons)	<u>12,000</u>				
c) SIZE (dia. x length)	<u>16 x 32</u>				
d) MATERIAL OF CONSTRUCTION (Steel, FG, etc)	<u>Steel</u>				
e) OBSERVED INTEGRITY	<u>Good</u>				
f) LEL BEFORE OPENING	<u>10%</u>				
5. UST CLEANING PROCEDURE:
  - a) HIGH PRESSURE WASH ☒
  - b) SCRAPE AND SHOVEL ☒
6. DISPOSAL FACILITY

Scrap Metal Recycler ☒ Landfill ☐ Other ☐

  - a) NAME: PUBLIC TRAP & METAL
  - b) ADDRESS: 7735 W. 47th St
  - c) CITY/STATE/ZIP: LYONS, IL
  - d) PHONE NO: 708-947-4710
7. DISPOSAL CERTIFICATION:

THE AFOREMENTIONED USTs WERE OPENED WITH HYDRAULIC SHEAR, ~~RENDERING THEM UNFIT FOR FURTHER USE.~~ THEY ARE BEING RECYCLED AS SCRAP METAL/DISPOSED IN A LANDFILL IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATORY REQUIREMENTS.

BY: [Signature]  
Signed and sealed this 30th day of Jan.

Alisa C Collins





SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.



## STATE OF WISCONSIN

Chapter 144, Wis. Stats.  
Form 4400-66

Rev. 3-89

State of Wisconsin  
Department of Natural Resources  
Bureau of Solid Waste Mgt.  
Box 8094  
Madison, Wisconsin 53708

00354000959

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2060-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No. 8 0 0 1 0 1 8	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address American Properties Corp. 885 2nd Ave. #408 New York, NY 10017		Site: 2070 Maple Des Plaines, IL		A. State Manifest Document Number WI J 86068	
4. Generator's Phone (212) 832-3883				B. State Generator's ID N/A	
5. Transporter 1 Company Name R. W. Collins Co.		6. US EPA ID Number ILD 003813839		C. State Transporter's ID	
7. Transporter 2 Company Name Avganic Industries, Inc.		8. US EPA ID Number WID 00808824		D. State Transporter's Phone 312-767-3030	
9. Designated Facility Name and Site Address Avganic Industries 114 N. Main St. Cottage Grove, WI 53527		10. US EPA ID Number WID 00808824		E. State Transporter's ID	
				F. Transporter's Phone 608-257-1414	
				G. State Facility's ID N/A	
				H. Facility's Phone 608-257-1414	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit wt/vol
a. Waste			DM		
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information  Avganic Authorization #					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.  OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name & Position Title GORDON COLLINS Properties Director		Signature Gordon Collins		Date 03/04/91	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials Printed/Typed Name & Position Title		Signature		Date Month Day Year	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials Printed/Typed Name & Position Title		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name & Position Title		Signature		Date Month Day Year	

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:

- 1 - Generator send to Wis. DNR
- 2 - Generator retain
- 3 - Facility send to Wis. DNR

- 4 - Facility retain
- 5 - Facility send to Generator
- 6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number

In Wisconsin (608) 266-3232  
Outside Wisconsin (800) 424-8802

Copies 1 &amp; 3 mail to Wis. DNR at above address

## PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter)

State Form LPC 62 B/B1

IL532 06-13

EPA Form 8700-22 (Rev. 9-88)

Form Approved OHS No. 2000013 Expires 9-30-92

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No N/A		2. Page 1 of 1		Information in the United States is not required by Federal law, but is required by Illinois law	
3. Generator's Name and Mailing Address AM Properties 885 2nd Ave-49th Floor New York, NY 10017				Location If Different Site: 2070 Maple Des Plaines, IL 60018		A. Illinois Manifest Document Number IL 3861854 FEE PAID IF APPLICABLE	
4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 212-832-3883				B. Illinois Generator's ID 0,3,1,0,6,3,5,0,1,5		C. Illinois Transporter's ID 108117	
5. Transporter 1 Company Name R.W. Collins Co				6. US EPA ID Number 1		D. Transporter's Phone 807673030	
7. Transporter 2 Company Name				8. US EPA ID Number 1		E. Illinois Transporter's ID 11111	
9. Designated Facility Name and Site Address CID Landfill 138th & Calumet Expressway Calumet City, IL 60409				10. US EPA ID Number N/A		F. Facility's Phone (312) 646-3099	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity	
a. Contaminated backfill Non-Hazardous Special Waste				0 0 1 D T		0,0,0,152	
b.						EPA HW Number X X CLASS A Authorization Number 0 7 0 0 0 2	
c.						EPA HW Number X X Authorization Number	
d.						EPA HW Number X X Authorization Number	
J. Additional Description for Materials Listed Above Profile Sheet #CID 173759				K. Handling Codes for Wastes Listed Above In Item #14 G = Gallons Y = Cubic Yards			
15. Special Handling Instructions and Additional Information							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name JAMES SIMON FINE AM Properties/Gordon Collins				Signature James Simon		Date Month Day Year 06 01 92	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ALAN J. MACK				Signature Alan J. Mack		Date Month Day Year 06 04 92	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Date	
Printed/Typed Name M. B. Brown				Signature M. B. Brown		Month Day Year 06 15 92	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989-Chapters 111/112, Section 1004 and 1005, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. This form has been approved by the Forms Management Center. Falseification of this information may result in a fine up to \$50,000.

COPY 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-6802 or 202/426-2675.





P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS  
AND SPECIAL WASTE

PLEASE TYPE

(Form designed for use on 8 1/2 inch x 11 inch paper)

State Form LPC 62 6/81

IL532 0610

EPA Form 8700-22 (Rev. 9-88)

Form Approved 00000000 Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law
3. Generator's Name and Mailing Address AM Properties 885 2nd Ave-49th Floor New York, NY 10017		Location If Different Site: 2070 Maple Des Plaines, IL 60018	N/A	N/A	A. Illinois Manifest Document Number IL 3861855 FEE PAID IF APPLICABLE
4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 212-832-3883		5. Transporter 1 Company Name B. W. COLLINS	6. US EPA ID Number	7. Transporter 2 Company Name	8. US EPA ID Number
9. Designated Facility Name and Site Address CID Landfill 138th & Calumet Expressway Calumet City, IL 60409		10. US EPA ID Number N/A	G. Illinois Facility's ID 03160001030 H. Facility's Phone (312) 646-3099		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Contaminated backfill Non-Hazardous Special Waste		0 0 1 D T	0 1 0 0 1 5	2	0 7 0 0 0 0
b.					
c.					
d.					
J. Additional Description for Materials Listed Above Profile Sheet #CID 173759		K. Handling Codes for Wastes Listed Above in Item #14 G = Gallons Y = Cubic Yards			
15. Special Handling Instructions and Additional Information					
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Printed/Typed Name AM Properties/Orlando Collins		Signature Orlando Collins		Date 06/01/92	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name WILLIE MCKITHEN		Signature Willie McKithen		Date 06/12/92	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name M. B. Bessan		Signature M. B. Bessan		Date 06/15/92	

This Agency is authorized to require pursuant to Illinois Revised Statute 1969 Chapter 111, Section 1004 and 1021 that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or transporter not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Y 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.



